Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 4.18-E

AUGUST 1991 Page 1

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Texas

Optional Sliding Scale Premiums Imposed on Qualified Disabled and Working Individuals

A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section _- 1902(a)(10)(E)(ii) of the Act:

B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

*Description provided on attachment.

TN No. 91-34
Supersedes Approval Date
TN No. 700k - New park

JAN 14 1997
Effective Date

HCFA ID: 7986E

Revision:		HCFA-PM AUGUST 1		(BPD)			Page	HMENT 4. 2 o.:0938-		
		STATE	PLAN UN	DER TIT	LE X	IX OF TH	E SOCIAL S	SECURITY	ACT	
		State/Te	erritory	/:		Texas				
c.	State	or local	funds	under ot	her	programs	are used	to pay	for pre	miums:
		Yes		۷	_/	No				-
D.	a pre	riteria u mium beca ibed belo	use it	determi would ca	ninç use	y whether an undue	the agen hardship	cy will on an i	waive paindividua	ayment of al are
*Description provided on attachment.										
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